



AMERICAN  
SPEECH-LANGUAGE-  
HEARING  
ASSOCIATION

**Ad Hoc Committee on Health Reform and  
Alternative Payment Models**

**April 2018**

***Final Report***

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# Ad Hoc Committee on Health Reform and Alternative Payment Models

**A. Rationale:** *(Statement telling why this resolution was prepared. Indicate issue of concern. Include reference to related policies.)*

Recent political events and changes in Congress and the White House have altered the focus of health reform away from the Affordable Care Act and the policies of the previous Administration. However, the emphasis to transition provider payment from fee-for-service (payment for *quantity* of care) to value-based care (payment for *quality* of care) has not waned. A core piece of bipartisan legislation that is the foundation for current initiatives to reform Medicare toward quality-based payment is the Medicare Access and CHIP Reauthorization ACT (MACRA) (P.L.114-110). MACRA directed the Centers for Medicare & Medicaid Services (CMS) to develop the Quality Payment Program (QPP) that enables CMS to implement the transition from fee-for-service to quality-based payment through the Merit-Based Incentive Payment System (MIPS) and alternative payment models (APMs).

**RESOLVED**, That the American Speech-Language-Hearing Association (ASHA) Board of Directors (BOD) approve the formation of the Ad Hoc Committee on Health Reform and Alternative Payment Models (hereafter, “the Committee”); and further

**RESOLVED**, That the Committee be charged with (a) review of current health care policy related to alternative payment models (APMs) and health reform initiatives, (b) development of a member education plan related to APMs, (c) advising of staff on emerging opportunities and challenges for advocacy and member education related to health reform and APMs, and (d) development of resources to guide members in engaging and contracting with APMs; and further

**RESOLVED**, That the Committee comprise 10 members, appointed by the Committee on Committees, to include policy experts and practitioners in audiology and speech-language pathology who are knowledgeable about APMs, reimbursement policy, and health reform; and further

**RESOLVED**, That the Committee on Committees designate the committee chair; and further

**RESOLVED**, That the vice president for Government Relations and Public Policy serve as the BOD liaison and that the chief executive officer appoint the ex officio; and further

**RESOLVED**, That the Committee conduct its work primarily through email, phone, and web meetings—including one face-to-face meeting—and that the Committee complete its work within 1 year after the official date that the appointments are made; and further

**RESOLVED**, That the Policy section of the *Standing Operating Procedures of the Ad Hoc Committee on Health Reform and Alternative Payment Models* be approved.

## Committee Members

**Chair:** Robert Burkard, CCC-A

**Ex Officio:** Daneen Sekoni

**ASHA BOD Liaison:** Katheryn L. Boada, CCC-SLP (current), Joan Mele-McCarthy, CCC-SLP (past)

## Members\*

Leisha R. Eiten, CCC-A

Linda A Hazard, CCC-A

Carol Hofbauer, CCC-SLP  
Katie Holterman, CCC-SLP  
Renee Kinder, CCC-SLP  
Paul Rao, CCC-SLP  
Neil Shepard, CCC-A  
Debra Venkatesh, CCC-A

\*Although the committee was approved for 10 members (5 from audiology and 5 from speech-language pathology), one of the speech-language pathology members was unable to participate in either the conference calls or the face-to-face meeting and, hence, was removed from the Committee.

## The Process

The ASHA Changing Health Care Summit (Summit) was used as the foundation and the work of the Committee builds on the Summit's [recommendations](#). In addition, three of the Committee's members were on the Summit's planning committee. Selected members of the Committee attended several day-long seminars on APMs to educate themselves about the issues related to moving away from a fee-for-service reimbursement model. There were four, hour-long conference calls in Fall 2017, where a committee member would briefly review a reading related to APMs and then would lead a discussion on how this reading might guide discussion topics for the Committee's December 8–10, 2017, face-to-face meeting. Rozsa Felix, director of ASHA's Office of Business Excellence, participated on a conference call to discuss ASHA's *Strategic Pathway*, which helped Committee members connect how the Ad Hoc Committee's charges fit into the overall strategic objectives of the organization.

Our conference call discussions reflected uncertainty as to the fate of APMs in the current political climate, particularly in Medicare. The literature available about APMs reflects mostly a physician-centric view of APMs. However, current literature shows cost savings in post-acute-care spending in accountable care organizations, which includes rehabilitation services, and hence is relevant to our professions. The reports we reviewed addressing the use of APMs to either contain costs or improve quality of care have produced some evidence that quality-based care can work, but there are examples where the quality did not improve and the costs actually increased over fee-for-service approaches. A recurring question during our conference calls was whether the audiology and speech-language pathology professions might be better served if their services are contracted by an APM entity on a fee-for-service basis when such services are needed. Issues that on the surface might appear tangentially related to APMs were recurring themes in our discussions: telepractice, interprofessional education and practice, and the concept of practicing at the top of the license. The latter topic, practicing at the top of the license, led to discussions of who was going to take over the practice at the bottom of the license, and this of course led to discussions about the role of audiology assistants and speech-language pathology assistants (SLPAs). Challenges in engaging at the top of the audiology license led to discussion (specifically, for Medicare) that audiology remains a diagnostics-only profession. We also discussed the need to develop more and better outcome measures of the quality of our care in order to better demonstrate the value of our services to patients, other professions, and payers.

We also found ourselves being challenged in our ability to engage in evidence-based practice because of the current lack of strong evidence (i.e., variability in the nature, strength and consistency of evidence) underlying many aspects of audiology and speech-language pathology practice.

All of these topics—either directly or indirectly—were addressed during the face-to-face meeting, and action items related to these issues were developed.

## **The Face-to-Face Meeting**

On December 8–10, 2017, the majority of the Committee met at the ASHA National Office in Rockville, Maryland. What follows is a brief summary of the 3-day event.

### Friday, December 8, 2017

The Committee met at 1:00 p.m. to review the meeting agenda. At 2:00 p.m., the Committee was joined, in person or via phone, by Rob Mullen (director, National Center for Evidence-Based Practice), Tim Nanof (director, Health Care & Education Policy, Government Affairs and Public Policy), and Jeff Regan (director, Government Affairs and Public Policy), and by representatives from the following organizations:

- American Occupational Therapy Association (AOTA): Sharmila Sandu, Ashley Delosh
- American Physical Therapy Association (APTA): Kara Gainer, Sharita Jennings, Heather Thomas
- American Academy of Neurology (AAN): Joel Kaufman, Amanda Napoles

Each group was asked to summarize their current efforts in moving away from fee for service, and (if possible) to discuss next steps. The meeting began with Rob Mullen talking about the ASHA Clinical Registry. This was followed by AAN, then AOTA and APTA. AAN, as the only physician organization, has been working the longest (and has made the most progress) in moving toward APMs of all the organizations represented and were quite forthcoming in their activities and the challenges they had faced.

When this meeting with the other organizations ended, the Committee discussed what was learned from the meeting with the other groups. Then, Neil Shepard made a brief presentation about generative discussion, and the group discussed the first item on the agenda.

The first discussion topic is listed below.

#### ***Discussion Topic #1***

What are possible redundancies and inefficiencies in the current continuum of care/episode of care for audiology and speech-language pathology? [2 groups—each group mixed audiology/speech-language pathology]

### Saturday, December 9, 2017

The 10 remaining discussion topics (Topics #2–#11) were addressed on Saturday. For most of the discussion topics, the group broke into two subgroups and discussed either the same topic(s) or, in some cases, separate topics. For several discussions, the group met as a whole. In some instances, audiologists and speech-language pathologists (SLPs) met separately, but in other instances, the groups were a mix of audiologists and SLPs. After about 25–30 minutes, the separate groups would come together and review what was discussed. Prior to Discussion Topic #3, Paul Rao (member, Health Reform and APM Ad Hoc Committee) gave a brief overview of the Maryland APM model. Prior to Discussion Topic #8, Paul Rao gave a brief overview of the Value Proposition. The Value Proposition, as used in this document, refers to dimensions to consider when determining value in healthcare.

Topics #2–#11 are listed below.

### ***Discussion Topic #2***

How can audiologists work with the complex patient through an accountable care organization (ACO) and then provide screening evaluations that would indicate the need for full diagnostics (e.g., hearing evaluations, balance and vestibular evaluations)? [1 group—audiology]

How can SLPs work with the complex medical patient through an ACO and then provide speech/language/cognitive/swallowing screening(s) that would indicate the need for a full comprehensive speech-language pathology evaluation? [1 group—speech-language pathology]

### ***Discussion Topic #3***

How does the Maryland total cost payment model affect audiologists and SLPs, and how can we apply this model for complex/chronic conditions to prevent admissions/readmissions? [2 groups: one audiology, the other speech-language pathology]

### ***Discussion Topic #4***

What steps must ASHA take to make audiology and speech-language pathology part of the pre-habilitation process for specific surgery (e.g., for audiology: vestibular schwannoma surgery; treatment for Menière's disease; for speech-language pathology: head and neck cancer surgery, vocal fold surgery)? [2 groups—one audiology, the other speech-language pathology]

### ***Discussion Topic #5***

What providers constitute the optimal and logical alliances with audiology and speech-language pathology in an APM? [2 groups—one audiology, the other speech-language pathology]

### ***Discussion Topic #6***

Discuss how value-based care is changing population health, and identify three things that audiologists and SLPs can do today to assist in improved outcomes at lower cost for the communities we serve. [Mixed Aud/SLP Group 1]

Once we have an APM, what are the tactics and strategic steps that audiologists and SLPs must undertake to be successful and value added? [Mixed Aud/SLP Group 2]

### ***Discussion Topic #7***

What audiology/speech-language pathology outcome measures will best fit into an alternative payment value-based report card?

In what areas of the audiology and speech-language pathology scopes of practice do we need better/faster quality measures? [2 groups, each group mixed audiology/speech-language pathology, each group addressing both questions]

### ***Discussion Topic #8***

How do we apply the Speech-Language-Hearing Value Proposition to all stakeholders (with special emphasis on the consumer)?

Referencing the document titled Coding Solutions for Alternate Payment Models published by the American Medical Association, what's in ASHA's wallet? [1 full-group discussion]

### **Discussion Item #9**

For which aspects of the audiology and speech-language pathology scopes of practice is telepractice applicable? [2 groups—each group mixed audiology/speech-language pathology]

### **Discussion Item #10**

What activities represent the “Top of the License” for audiologists and SLPs?

What is the role of audiology assistants and SLPAs for activities that represent the “middle or bottom” of the audiology or speech-language pathology license? [2 groups—each group mixed audiology/speech-language pathology, each group addressing both questions]

### **Discussion Item #11**

How do audiologists and SLPs demonstrate their value for specific populations in terms of improved quality of care, reduced medical errors, and improved quality of life? (Hint: Consider health literacy in your discussions.) [1 full-group discussion]

After the above discussions had concluded, the Committee adjourned, and a select group of Committee members remained to look through the discussion summaries and to identify action items for the Committee to discuss on Sunday morning.

### **Sunday, December 10, 2017**

The Committee met Sunday morning and reviewed a large number of possible action items to propose to the ASHA BOD in terms of future efforts related to APMs.

A consensus process was discussed, where an action item is proposed (then discussed and, at times, revised), followed by a show of hands as to whether the action item is approved (6 of 8 [or more] is a yes, 2 of 8 [or less] is a no, and in between [3–6 of 8] means that the item will be revisited later in the consensus-building process (as time allows). For approved action items, a vote was held as to whether this was a high-priority item (at least 6 of 8 affirmative votes was required).

At the end of this process, Joan Mele-McCarthy asked if the Committee had met the entirety of its charge, and we concluded that we did not meet part (d) of our charge, “develop resources to guide members in engaging and contracting with APMs.” Several committee members agreed to put together a list of such materials and to share that list with the rest of the Committee for discussion and approval.

Similarly, while writing the first draft of this report, Neil Shepard concluded that we did not meet part (b) of our charge, “develop an educational plan for members on APMs.” Several Committee members subsequently created a draft of such a plan, and this list was shared with the rest of the Committee for discussion and approval.

In these discussions, it was also decided that each action item (the action item resulting from the Friday afternoon interprofessional discussion, and the 11 discussions held late Friday and Saturday of the meeting) would be related (where possible) to one or more of ASHA’s *Strategic Objectives*.

The final issue discussed at the meeting was about ASHA doing a member survey about APMs. This discussion was led by Daneen Sekoni (director, Health Care Policy, Health Care Reform, ASHA Government Affairs and Public Policy). Although the issue was discussed in some detail, the conclusion was that we already know that the vast majority of ASHA members know very little about APMs and that a survey at this time likely would not be very informative. A better alternative, in the short term, is

to include at least one question about APMs on the biannual audiology and speech-language pathology membership surveys to gauge a baseline. Only after ASHA has begun the process of educating its members about APMs will such a survey be informative—perhaps in 1 or 2 years.

## **Summary of Action Items**

### **Group discussion with other provider organizations**

- To continue interaction with the AAN, APTA, and AOTA, with the addition of the American Academy of Otolaryngology- Head, Neck Surgery, pediatrics, primary care, nurses, and social workers on an annual/biannual basis at least at a senior leadership staff level—regarding APM involvement and development. **HIGH PRIORITY. STRATEGIC OBJECTIVE 2.**

### ***Discussion Topic #1***

***What are the possible redundancies and inefficiencies in the current continuum of care for audiology and speech-language pathology?***

- Promote the audiology benefit to make audiology both a diagnostic and a rehabilitative profession in Medicare. **HIGH PRIORITY. STRATEGIC OBJECTIVE 4.**
- Obtain relevant data and promote the role of speech-language pathology treatment in the post-acute-care setting. **HIGH PRIORITY. STRATEGIC OBJECTIVE 1.**
- Promote the interdisciplinary nature of wellness (e.g., vital signs, medication reconciliation) in home health care for audiology, speech-language pathology, occupational therapy, and physical therapy. **NOT HIGH PRIORITY. STRATEGIC OBJECTIVE 2.**
- Engage Special Interest Groups (SIGs) to a “Choosing Wisely” campaign to reduce redundant and inefficient care. **HIGH PRIORITY. STRATEGIC OBJECTIVE 5.**

### ***Discussion Topic #2***

***How can Audiologists work with the complex patient through an accountable care organization (ACO), and then provide screening evaluations that would indicate the need for full diagnostics (e.g., hearing evaluations, balance and vestibular evaluations)?***

***How can SLPs work with the complex medical patient through and ACO, and then provide speech/language/cognitive/swallowing screening(s) that would indicate the need for a full comprehensive speech-language pathology evaluation?***

- Promote the value of evidence-based audiology screening to decide what aspects of full assessments are needed. **NOT HIGH PRIORITY. STRATEGIC OBJECTIVES 1, 5.**
- Promote audiology as being part of the primary care education about the value of hearing and vestibular screening. **NOT HIGH PRIORITY. STRATEGIC OBJECTIVES 1, 5.**
- Promote the role of audiology in interprofessional practice (IPP) in complex patients. **NOT HIGH PRIORITY. STRATEGIC OBJECTIVE 2.**
- Advocate for education for payers on the appropriate inclusion of speech-language pathology services in the patient-centered medical home. **NOT HIGH PRIORITY. STRATEGIC OBJECTIVE 4.**



### ***Discussion Topic #3***

***How does the Maryland total cost payment model affect audiologists and SLPs, and how can we apply this model for complex/chronic conditions to prevent admissions/readmissions?***

- Identify and advocate for the inclusion of screening triggers in electronic health record integration advocacy undertaken by the National Center for Evidence-Based Practice (N-CEP). **NOT HIGH PRIORITY. STRATEGIC OBJECTIVES 1, 4.**
- Promote the role and value of the audiologist in post-acute care (e.g., hearing/vestibular screening). **HIGH PRIORITY. STRATEGIC OBJECTIVE 4.**
- Develop training and education tools for caregivers (e.g., to address aspiration pneumonia and sun-downing). **NOT HIGH PRIORITY. STRATEGIC OBJECTIVE 4.**
- Integrate health literacy throughout our practice areas (e.g., National Association for Hearing and Speech Action engagement for consumer advocacy outreach/communication). **HIGH PRIORITY. STRATEGIC OBJECTIVE 5.**

### ***Discussion Topic #4***

***What steps must ASHA take to make our members part of the prehabilitation process for specific surgery?***

- Develop clinical pathways (integrate in clinical claims review portal and update the Practice Portal) to define the role of audiologists and SLPs in the prehabilitation process for specific surgery and other treatment modalities. **NOT HIGH PRIORITY. STRATEGIC OBJECTIVE 4.**
- Identify research opportunities to study the efficacy of prehabilitation. **NOT HIGH PRIORITY. STRATEGIC OBJECTIVE 1.**

### ***Discussion Topic #5***

***What providers constitute the optimal and logical alliances with audiology and speech-language pathology in an APM?***

- Education of our members about the central role of case managers (e.g., social workers, advance practice providers) in providing integrated care (interprofessional practice) to the complex patient. **NOT HIGH PRIORITY. STRATEGIC OBJECTIVES 2, 4.**

### ***Discussion Topic #6***

***Discuss how value-based care is changing population health, and identify three things that audiologists and SLPs can do today to assist in improved outcomes at lower cost for the communities we serve.***

- Develop and use validated patient-reported outcome measures. **HIGH PRIORITY. STRATEGIC OBJECTIVE 1.**
- Emphasize longitudinal functional outcomes (e.g., value of care, reduced length of hospital stays, educational/employment outcomes, QoL) in ASHA data collection activities. **HIGH PRIORITY. STRATEGIC OBJECTIVE 1.**

### ***Discussion Topic #7***

***What audiology/speech-language pathology outcome measures will best fit in to an alternative payment value-based report card? In what areas of the audiology/speech-language pathology scopes of practice do we need better/faster quality measures?***

- Improve education/training of students in differential diagnosis and clinical decision making. **HIGH PRIORITY. STRATEGIC OBJECTIVE 5.**
- Develop and advocate with CMS to include and implement the *Improving Medicare Post-Acute Care Transformation Act (IMPACT)* measures (facility-level quality measures)—including swallowing, communication, and cognition. **HIGH PRIORITY. STRATEGIC OBJECTIVES 1, 5.**
- Develop a valid and reliable outcome measure for hearing evaluations. **HIGH PRIORITY. STRATEGIC OBJECTIVE 1.**
- Complete outcome measures in audiology and speech-language pathology that expand upon the National Outcomes Measurement System (NOMS) to include patient experience, information on access, and information on cost of care. **HIGH PRIORITY. STRATEGIC OBJECTIVE 1.**

### ***Discussion Topic #8***

***How do we apply the Speech-Language-Hearing Value Proposition to all stakeholders (with special emphasis on the consumer)?***

***Referencing the document titled Coding Solutions for Alternate Payment Models published by the American Medical Association, what's in ASHA's wallet?*** [1 full-group discussion]

- ASHA leadership embraces and prioritizes the Speech-Language-Hearing Value Proposition based on the movement to value-based payment and APMs in support of ASHA's *Strategic Pathway*. **HIGH PRIORITY. STRATEGIC OBJECTIVES 1, 2, 3, 4, 5.**
- Educate our members in the various strategies/examples to meet the needs of clinicians and work settings to develop and demonstrate their value within the following Speech-Language-Hearing Value Proposition framework:
  - Business/service/product mix
  - Access
  - Price/cost
  - Quality/outcomes
  - Customer satisfaction/patient experience

**HIGH PRIORITY. STRATEGIC OBJECTIVES 1, 5.**

### ***Discussion Topic #9***

***For which aspects of the audiology/speech-language pathology scopes of practice is telehealth applicable?***

- Remove all barriers to telepractice (multiple licenses in different states, lack of reimbursement, security/quality of the transmission, regulatory restrictions [e.g., site of service, face-to-face requirements]). **NOT HIGH PRIORITY. STRATEGIC OBJECTIVES 4, 5.**

## ***Discussion Topic #10***

***What activities represent the “top of the license” for audiologists and SLPs?***

***What is the role of audiology assistants and SLPAs for activities that represent the “middle or bottom” of the audiology/speech-language pathology license?***

- Define/differentiate scope of practice with assistants versus audiologists and SLPs (e.g., identify the appropriate use of audiology assistants for hearing and vestibular screening, and identify the appropriate use of SLPAs providing communication/cognitive treatment). **HIGH PRIORITY. STRATEGIC OBJECTIVE 5.**
- Remove the barrier of variable training of assistants so that audiologists and SLPs can be reimbursed for our supervision of assistants. **HIGH PRIORITY. STRATEGIC OBJECTIVES 2, 5.**
- Promote national ASHA audiology assistant and SLPA certification. **HIGH PRIORITY. STRATEGIC OBJECTIVES 2, 5.**

## ***Discussion #11***

***How do audiologists and SLPs demonstrate their value for specific populations in terms of improved quality of care, reduced medical errors, and improved quality of life?***

No Action Items

### **Items Considered Post-Face-to-Face Meeting**

As noted above, several specific items of the charge were not addressed during the face-to-face meeting and, thus, were addressed post meeting.

***Discussion Item #12: For “(b) develop an educational plan for members on APMs,” a list of such activities was created by sharing a draft list of possible activities with the Committee and soliciting input from the entire Committee.***

These items were voted on, and a minimum of 7 (of 9) votes is required to reach consensus on an item. Of the items approved, a follow-up vote addressed whether the Committee considered that item a “high priority”).

***Discussion Item #12 (continued): (part b of charge, 7 of 9 required to be considered a “high-priority” item):***

- 12.1. Identify a standing ASHA committee that could (with an ASHA staff member) be responsible for tracking the ongoing status of APMs, especially as they relate to audiologists and SLPs. This committee and /or staff member would advise the ASHA BOD as needed on changes in APMs and on any need for changes in member education plans. **HIGH PRIORITY.**
- 12.2. Have ASHA host at the National office at least one webinar annually that focuses on APMs for no fewer than 3 years. The first such webinar should introduce APMs, and subsequent webinars should provide updates on changes in APMs—in particular, how they affect ASHA members. These webinars should be archived as having been offered for continuing education units (CEUs) offline for several years. **NOT HIGH PRIORITY.**
- 12.3. Either as part of an existing topic area, or by creating a new topic area, there should be a topic thread on APMs created for the annual ASHA Convention starting in 2019 and lasting for

no fewer than 3 years. This should include several invited speakers as well as submitted 1- and 2-hour sessions. **HIGH PRIORITY.**

- 12.4. Working with other professional organizations (e.g., Council of Academic Programs in Communication Sciences and Disorders [CAPCSD], AOTA, APTA), ASHA should develop an online seminar series for academicians who are (or will be) teaching coursework in master's speech-language pathology or Doctor of Audiology curricula in professional issues. This seminar series should focus on health care economics, with substantial time dedicated to APMs and related areas (e.g., telehealth, IPP). Completion of this seminar series will entitle the academician to a set of PowerPoint slides that can serve as the basis for an academic course module on APMs. **HIGH PRIORITY.**
- 12.5. Reach out to state associations and other organizations (e.g., CAPSCD) to offer the names of speakers available to talk at their annual meetings about APMs. These speakers (a) should demonstrate specific baseline knowledge about APMs via publications and/or presentations and (b) could include ASHA staff and/or ASHA volunteer leaders. **NOT HIGH PRIORITY.**
- 12.6. In non-peer-reviewed ASHA publications, at least annually for the next 3–4 years, feature an article about APMs. **NOT HIGH PRIORITY.**
- 12.7. In one (or more) of ASHA's peer-reviewed journals, have a special issue (somewhere in the timeframe from 2019 to 2021) on APMs. This should include a rigorous peer-review process, include invited submissions both from ASHA members and from experts outside of ASHA, and should also welcome noninvited submissions from ASHA members and nonmembers. **NOT HIGH PRIORITY.**
- 12.8. At several ASHA Conventions, connect with relevant stakeholders to determine member experience, needs, and gaps in the understanding of APMs. Activities might include focus groups and a brief member survey. **NOT HIGH PRIORITY.**
- 12.9. Develop basic materials available for dissemination to help members who are treating patients who are in an APM to explain how they work to their patients and other consumers. **HIGH PRIORITY.**
- 12.10. Create a patient care portal about APMs for both member clinicians and consumers. **NOT HIGH PRIORITY.**

***Discussion Item #13: For the portion of the Committee charge (d), "development of resources to guide members in engaging and contracting with APMs," a subgroup of the Committee provided a list of possible member resources, and the entire Committee voted on including those as part of a listing to be included in this report.***

Consensus was achieved by at least 7 of 9 committee members approving a suggested source (and no priority was assigned to these resources).

## **REFERENCES**

*The following is a list of helpful resources to guide ASHA members in "Engaging and Contracting With APMs" [part (d) of charge, no priority assigned].*

American Speech-Language-Hearing Association. (2017). *SLP and audiology services add value in collaborative care settings* [Provides illustrations of how audiologists and speech-language pathologists can add value in care coordination]. Rockville, MD: Rao, P and Shepard S.

America's Physician Groups (CAPG). (2016). *Risk readiness tool*. Washington, DC: Author. Retrieved from <http://capg.org/Modules/ShowDocument.aspx?documentid=3833>

Baseman, S., Boccuti, C., Moon, M., Griffin, S., & Dutta, T. (2016, November 17). *Payment and delivery system reform in Medicare: A primer on medical homes, accountable care organizations, and bundled payments*. San Francisco, CA: Henry J Kaiser Family Foundation. Retrieved from <https://www.kff.org/medicare/report/payment-and-delivery-system-reform-in-medicare/>

Blue Cross Blue Shield of Massachusetts. (2010, May). *Blue Cross Blue Shield of Massachusetts—The Alternative QUALITY Contract*. Retrieved from <https://www.bluecrossma.com/visitor/pdf/alternative-quality-contract.pdf>

Butcher, L. (2017, January 9). Prepping for maternity care bundles. *Leadership+* [E-Newsletter from the Healthcare Financial Management Association]. Retrieved from [http://www.hfma.org/Leadership/E-Bulletins/2017/January/Prepping for Maternity Care Bundles/](http://www.hfma.org/Leadership/E-Bulletins/2017/January/Prepping%20for%20Maternity%20Care%20Bundles/)

de Brantes, F., & Love, K. (2016, October 24). A process for structuring bundled payments in maternity care [Case Study]. *NEJM Catalyst*. Retrieved from <https://catalyst.nejm.org/bundled-payments-maternity-care/>

Girod, C., & Bill, G. (2017a, October 23). *Capitation calculation webinar glossary* [Online webinar]. Washington, DC: CAPG. Retrieved from <http://www.capg.org/modules/showdocument.aspx?documentid=4068>

Girod, C., & Bill, G. (2017b, October 23). *Your first capitation contract: How to ensure that you have an adequate cap rate* [Online Webinar]. Washington, DC: America's Physician Groups (CAPG). Retrieved from <http://files.clickdimensions.com/capgorg-aedlw/files/capitationcalculationwebinarv2.pdf?cldee=ZGdyb29tc0Bhc2hhLm9yZw%3d%3d&recipientid=contact-e1e0d202f9ace61180e5fc15b4285da4-e7de692e526a4a0cb01d44891fa9973b&esid=03fbad35-d9b8-e711-8138-e0071b72b7a1>

Kinder, R. (2018). *Post-acute care: Payment reform and alternative payment models* [PowerPoint presentation].

McWilliams, J. M., Gilstrap, L. G., Stevenson, D. G., Chernew, M. E., Huskamp, H. A., & Grabowski, D. C. (2017). Changes in postacute care in the Medicare Shared Savings Program. *JAMA Internal Medicine*, 177, 518–526. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5415671/>

Seidman, J., Kelly, C., Ganesan, N., Gray, A., & Avalere Health LLC. (2015, March). *Payment reform on the ground: Lessons from the Blue Cross Blue Shield of Massachusetts Alternative Quality Contract* [Report]. Retrieved from <https://www.bluecrossma.com/visitor/pdf/avalere-lessons-from-aqc.pdf>

Sekoni, D., & Rao, P. (2018). *Helpful tips to ASHA members regarding alternative payment* [PowerPoint presentation].